

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 1.

Office of Registrar of Vital Statistics.

Ward 10^o

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 25, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mattie Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years,

Months, 12 Days.

Colored

✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Maryland

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give Street and Number. }

647 Pierce St

Cause of Death, { First (Primary),
Second (Immediate), }

Infiam of Bowels
Perforation

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial, Map of Baltimore

Date of Burial, May 27, 1887

Undertaker, Avery Hensley

Place of Business, 561 Orchard St

John Fleming, M. D.

Medical Attendant.

Address, 607 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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No. *42*

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

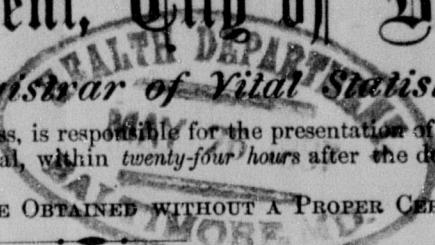
Permit No. *A.2*

Office of Registrar of Vital Statistics.

Ward *20*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, *May 24th 1887*Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Laura Adeline Patterson*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *23* Years, *0* Months, *0* DaysColor, *Black* *Married*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Cook* *St. Mary's County Maryland*Birth Place, { State or country, and how long in the United States, if of foreign birth. } *St. Mary's County Maryland*Duration of Residence in the City of Baltimore, *Twelve Years*Place of Death, { Give Street and Number. } *904 Little Pine St*Cause of Death, { First (Primary), Second (Immediate), } *Phtisis Pulmonalis*Duration of Last Sickness, *Four Months*

All the above information should be furnished by the Physician.

Place of Burial, *Shanfeld Cemetery*Date of Burial, *May 26 1887*{ Undertaker, *Alex. Kennedy* } *Geo. Shawver M. D.*{ Place of Business, *560 Charles St.* } Address, *1434 Pennsylvania Ave.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Permits for Burials, to the Office whence issued Saturday of each week.

No. A. 5.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 3.

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

May 25th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Conrad Schmitz

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 40 Years, 1 Months, 14 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Watch maker

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, { Give Street and Number. }

1414 Lafayette Ave

Cause of Death, { First (Primary),

Second (Immediate),

Phthisis Pulmonalis

Duration of Last Sickness,

2 Years

All the above information should be furnished by the Physician.

Place of Burial, Green Park

Date of Burial, May 27th 1887

Undertaker, Conrad Schmitz

Place of Business, 1039 Hanover

Physician

Conrad Schmitz

M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Permit for Burials to the Office whence issued Saturday of each week.

No. a. 4

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 4 Office of Registrar of Vital Statistics. Ward 18²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie A. Lohman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 5 Months, — Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, City

Duration of Residence in the City of Baltimore, 5 mos

Place of Death, { Give Street and Number. } 1919 Christian St.

Cause of Death, { First (Primary), Infantile diarrhoea, Second (Immediate), Gastritis }

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial, May 27th 1887 G. F. Boues M. D.

Undertaker, J. B. Cook

Medical Attendant.

Place of Business, 1003 W. Baltimore Address, 1904 Wilkins Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Permit for Burial

No. a. 5

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 5

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

May 25th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ella T. Smith

Sex, Male or Female, { Cross out the word not } required in this line.

Age, 17 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Fredericksburg Va

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, { Give Street and Number. }

Ramsay St # 1517

Cause of Death, { First (Primary), Second (Immediate), }

Over dose of Morphine taken by himself for relief of Neuralgia

Duration of Last Sickness,

17 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, May 27 1897

{ Undertaker, J. B. Cook }

B. S. Spanow M. D.

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over]

Permit for Burial No. *A. 6*

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A. 6*

Office of Registrar of Vital Statistics.

Ward *20th*

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CERTIFICATE OF DEATH.

Date of Death, *May 24th 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Anderson*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *27* Years, — Months, — Days

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } *630 Townsend St (West)*

Cause of Death, { First (Primary), *Phtisis Pulmonalis* } { Second (Immediate), *Phtisis Pulmonalis* }

Duration of Last Sickness, *some years*

All the above information should be furnished by the Physician.

Place of Burial, *Loudon Park*

Date of Burial, *May 26/87*

{ Undertaker, *Denny & Mitchell* }

{ Place of Business, *1201 W. Fayette* }

H. Clinton M. Sheng, M. D.
Medical Attendant.

Address, *612 N. Howard St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.*

[over.]

Permits for Burials, to the Office whence issued, Saturday of each week.

No. A. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 7.

Office of Registrar of Vital Statistics.

Ward 6

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 25th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maggie Lehman

Sex, Male Female, { Cross out the word not required in this line. }

Age, 10 Years, 10 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Life

Duration of Residence in the City of Baltimore,

No 504 N Spring st

Place of Death, { Give Street and Number. }

Dentition

Cause of Death, { First (Primary),
Second (Immediate), }

Spasms

Duration of Last Sickness,

6 Hours

All the above information should be furnished by the Physician.

Place of Burial, Eastern Public Cem

Date of Burial, May 26th 1887

{ Undertaker, Geo Kinsart }

{ Place of Business, Health Dept }

Dentist Surgeon

M. D.

Address, Court St & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Henry Mckewen Sanitary Inspector

[OVER]

Permit for Burials to the Office w/

No. A. 8

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 8.

Office of Registrar of Vital Statistics.

Ward 17

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 24/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frederick H. White

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

16 Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

—

Occupation,

Baltimore City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 214 S. Collington Av.

Cause of Death, { First (Primary), Second (Immediate), }

Dentition

leomulsion

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

J. T. Johnson

Date of Burial,

May 26

R. W. Mansfield

M. D.

Undertaker,

W. D. Dippel

Medical Attendant.

Place of Business,

151 S. Bond

Address, 129 S. Broadway

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[OVER.]

No. A. 9

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 9, Office of Registrar of Vital Statistics. Ward 16th

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CERTIFICATE OF DEATH. B

Date of Death, May 24th '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Dorowell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 Years, Months, Days.

Color, Dark

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housekeeping

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 515 Barre St.

Cause of Death, { First (Primary), Asthma
Second (Immediate), }

Duration of Last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Friday 27th '87

{ Undertaker, Samuel Chase }

{ Place of Business, 641 Howard St. Address, }

J. Tyler Fruitt M. D.

Medical Attendant.

515 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Permit No.

No. A. 10

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

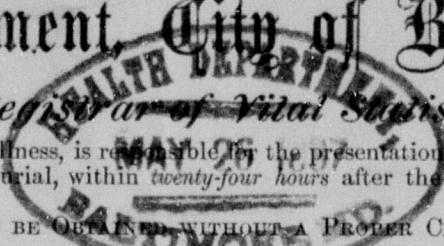
Permit No. A. 10

Office of Registrar of Vital Statistics.

Ward 11th

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C

CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 89 Years, Months, Days.

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 26 1887

Undertaker, S. McChase

Place of Business, 641 Howard

Dr. Gleaming, M. D.

Medical Attendant

Address, 607 Franklin

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[OVER]